Code of Ethics Revision Committee 2021
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Introduction

The Canadian Professional Counsellors Association regulates its four (4) professional designations;
- Registered Professional Counsellor (Candidate) [RPC-C] (Candidate)
- Registered Professional Counsellor [RPC]
- Master Practitioner of Clinical Counselling [MPCC]
- Master Practitioner of Clinical Counselling (Supervisor) [MPCCS]

The goal of the Code of Ethics is to outline the ethical principles, values, and standards to all members of the Canadian Professional Counsellors Association and to the public. The Canadian Professional Counsellors Association is dedicated to the promotion of public confidence and trust in the counselling profession in Canada by adhering to the statement:

*Working together to promote and support competency in clinical counselling/psychotherapy*

All members of the Canadian Professional Counsellors Association are required to adhere to the Code of Ethics and Standards of Practice, which represent minimal behavioural statements. No single document could provide a comprehensive overview of ethics, ethical standards, or ethical decision making. Members should refer to the applicable section of the Standards of Practice for further interpretation and expansion of the applicable Ethical Section.

A Note on Designated Titles

The term “clinical counsellor” is used throughout this Code of Ethics and refers to any registered member, including professional counsellors and student members, in good standing with the Canadian Professional Counsellors Association (CPCA). All registrants of the Canadian Professional Counsellors Association are accountable to the Code of Ethics and the Standards of Practice.

Various titles are used throughout Canada and may be subject to title protection and/or regulation, such as, Therapist, Counselling Therapist (Nova Scotia, Prince Edward Island) and Registered Psychotherapist (Ontario). Other titles may be regulated and/or protected in some provinces/territories, and members must be aware of the various protection(s) in their province/territory, and hold themselves to the legislation in their province/territory. This Standard of Practice uses "clinical counsellor" in reference to members who hold the professional designations of the Canadian Professional Counsellors Association, as well as any member of other regulatory bodies who is also registered with the Canadian Professional clinical counsellors Association.
Conflict Between This Code of Ethics and Provincial/Territorial Regulatory Bodies

Should this Code of Ethics come into conflict with a Code of Ethics, Standards of Practice, or Professional Standards of any provincial or territorial regulatory body, the clinical counsellor must adhere to the provincial or territorial regulations in their jurisdiction. It is the responsibility of the clinical counsellor to ensure they work within their scope of practice as set by their training, professional designation(s), regulatory college(s) (if applicable), and the Canadian Professional Counsellors Association, and refrain from working in a manner which may conflict with any provincial or territorial regulatory body.

Provincial or territorial regulatory bodies may include, but are not limited to:
- College, Board, or Association of Psychologists
- College, Board, or Association of Counselling Therapists
- College, Board, or Association of Psychotherapists
- College, Board, or Association of Social Workers
- College, Board, or Association of Physicians and Surgeons
- College, Board, or Association of Marriage and Family Therapists
- College, Board, or Association of Psychiatry
- College, Board, or Association of Nursing

Structure of the Code

The Code of Ethics is divided into distinct sections which represent the core values and guiding ethical principles of the Canadian Professional Counsellors Association and its members when they serve their clients and the general public.
Guiding Principles

**Principle 1: Autonomy**
Respect and promotion of the freedom of choice and self-determination of our clients.

**Principle 2: Justice**
Respect for the right to fairness and equal treatment for all clients.

**Principle 3: Beneficence**
Commitment to proactive promotion of the best welfare of our clients.

**Principle 4: Nonmaleficence**
Consideration and acknowledgement of potential for harm to clients, and avoidance of behavior(s) which may cause harm.

**Principle 5: Fidelity**
Commitment to full integrity and loyalty as a clinical counsellor, honouring commitments made to our clients.

**Principle 6: Veracity**
To be truthful in all matters with all clients and professionals alike.
Ethical Decision-Making Process

The ethical decision-making process is provided to offer direction to clinical counsellors when they must make an ethical decision or resolve an ethical dilemma. The following steps are a useful guide to consider when facing an ethical decision.

Step 1: Identify the key ethical issues in the situation(s).
What are the key issues in this situation?

Step 2: Identify the relevant ethical articles from the Canadian Professional Counsellors Association Code of Ethics.
What ethical articles from the Canadian Professional Counsellors Association Code of Ethics are relevant to this situation?

Step 3: What are the relevant policies, case law, statutes, regulations, bylaws, or other articles in the ethical situation? Are there policies, case law, statutes, regulations, bylaws or other related articles that are relevant to this situation?

Step 4: Identify which of the six Guiding Principles are of most importance to the situation.
Which of the above six ethical principles are of major importance in this situation?

Step 5: How can the relevant Guiding Principle(s) be applied to the situation? How might any conflict between Guiding Principles be resolved? What are the potential risks and benefits of this application and resolution?

Step 6: Seek supervision and/or peer consultation prior to making a decision. Consult with your clinical supervisor or an experienced clinical counsellor.

Step 7: What do my feelings and intuitions tell me to do in this situation? Consider your feelings to these questions:
   a. How would I feel about my ethical decision being publicized for all to see?
   b. Would I make the same decision for every client? If all clinical counsellors made the decision I am making, would it be a good thing?
   c. Is everyone being treated fairly in my decision?

Step 8: Evaluate the applicable options to determine which course of action would be most appropriate to the situation. What is appropriate, adequate, effective, and meets the Guiding Principles? What action(s) provide the best outcome for the client(s), others involved, to society, and to myself?

Step 9: Document the ethical issue, including references to any relevant codes of ethics, important considerations, and the place of action.

Step 10: Identify any adjustments necessary to optimize the best positive outcome.

Please Note: Various references for Standards of Practice will be found throughout the Code of Ethics. The references for Standards of Practice found throughout the Code of Ethics may change and be expanded upon for further ethical consideration as future revisions are made.
Overview of Our Ethical Principles

Section 1 - Respect and Responsibility for Rights, Welfare, and Protection of Clients
Clinical counsellors respect the rights and welfare of the clients they serve. Clinical counsellors are responsible to know and understand the rights of the individual as well as human rights, and practice in such a way in which these rights are not jeopardized.

Section 2 - Ethical Caring and Practice
Clinical counsellors adhere to strict Standards of Practice, adhere to high standards of care, service delivery, and clinical practice, and carry out professional activities in such a way which respects the rights, welfare, and protection of the clients they serve.

Section 3 - Professional Standards and Representation
Clinical counsellors acknowledge they represent themselves as a practicing professional, as well as the Canadian Professional Counsellors Association both directly and indirectly. Clinical counsellors refrain from activities and/or engagements which may damage their professional reputation or that of the Canadian Professional Counsellors Association and its members.

Section 4 - Providing Clinical Supervision
Clinical supervisors are responsible for providing ethical service, competent input, and clinical oversight into the clinical work, reflective practice, self-care, and professional development of supervisees. Qualified Clinical Supervisors carry an extra duty, responsibility, and accountability to their supervisees for the benefit of their clients and for the purpose of the protection of the public.

Section 5 - Assessment Procedures
Clinical counsellors must adhere to proper standards when conducting assessments and using assessment materials such as questionnaires, assessment instruments, scales, and diagnostic forms. Clinical counsellors are expected to work within their scope of practice when conducting assessments, regardless of diagnostic utility, and to use all assessment materials appropriately.

Section 6 - Responsibility to The Public and Other Professionals
Clinical counsellors recognize, in addition to serving their clients, they also serve the public and other professionals. Clinical counsellors refrain from causing harm to their professional reputation or the reputation of others, and from causing damage to the perception of psychotherapy to the public.

Section 7 - Research, Published Media, and Social Media
Clinical counsellors recognize the integration of social and published media with society and are responsible for maintaining boundaries with their personal and professional social media and their clients.
SECTION 1


1.1. Human Rights

1.1.1. Clinical counsellors must be aware of Human Rights and ensure these rights are respected and upheld.

1.2. Individual Rights

1.2.1. Clinical counsellors must be aware of the rights of the individual, respect the rights of the individual in clinical practice, and ensure that these rights are respected and upheld.

1.3. Non-Discrimination

1.3.1. Clinical counsellors do not discriminate on the basis of age, gender, sex, sexual orientation, marital status, colour, culture, nationality, ethnicity, race, creed, indigenous status, disability, religious beliefs, spirituality, employment status, or socioeconomic status.

1.4. Fair and Impartial Treatment

1.4.1. Clinical counsellors provide the same quality of care to all clients regardless of their demographic.

1.5. Freedom of Consent

1.5.1. Clinical counsellors acknowledge that consent is an informed and ongoing process which can be withdrawn or changed at any time by the client without penalty.

1.6. Informed Consent

1.6.1. Clinical counsellors acknowledge for informed consent to be truly informed, the client must understand, to the best of their ability, the nature of counselling and/or psychotherapy and the various processes involved, such as intake, assessment tools, evaluations and case conceptualization.

1.6.2. Clinical counsellors are open and upfront about the necessity of all information they collect to establish informed consent, including written and/or unwritten agreements (e.g., fees for service, professional and personal boundaries, limitations of confidentiality).

1.6.3. Clinical counsellors, when they become aware of potential dual or multiple relationships, take adequate measures to resolve the situation in such a manner that protects the interest(s) of all parties involved and in an approach that is appropriate to Canadian Professional Counsellors Association ethical principles.

1.6.4. See Standards of Practice 1.2 - Informed Consent

1.7. Informed Consent for Minors and Persons with Diminished Capacity

1.7.1. If counselling is to be provided to a mature minor, the clinical counsellor must determine and comply with the provincial laws governing where the client resides with regard to the age of consent for mental health services as a minor.

1.7.2. When counselling is to be provided to an individual who has diminished capacity, the clinical counsellor must obtain informed consent from the client to the extent of their ability to do so. Additional informed consent may be obtained from the parent(s) and/or legal guardian(s).
1.7.3. See Standards of Practice 3.3 - Minors and Persons with Diminished Capacity

1.8. Informed Consent for Emerging Modalities

1.8.1. Clinical counsellors only offer emerging modalities that are based on relevant outcome-based theory and evidence combined with relevant practice guidelines (See Standards of Practice 1.5 - Informed Consent for Evidence-Based Emerging Modalities).

1.8.2. Clinical counsellors only offer an emerging modality to and for the client; upon which the client may or may not consent for the clinical counsellor to provide the emerging modality.


1.9. Protection of Vulnerable Persons

1.9.1. Clinical counsellors must be aware of individuals who are considered vulnerable persons, and adhere to reporting standards set out at the federal, provincial, and/or municipal level.

1.10. Privacy and Confidentiality

1.10.1. Clinical counsellors respect their clients’ right to privacy.

1.10.2. Clinical counsellors respect the confidentiality of their clients and the sensitive nature of counselling and psychotherapy. Clinical counsellors inform clients of confidentiality and the limits of confidentiality.

1.10.3. When clinical counsellors provide group counselling, they must inform clients/participants of the reliance on individual respect for the privacy and confidentiality of the other members of the group in group sessions.

1.10.4. Clinical counsellors respect the limitations of confidentiality in their responsibility to protect and maintain safety for their clients and the public.

1.10.5. Respect for confidentiality extends from the time a therapeutic relationship begins to an indefinite amount of time, including after the client’s death.

SECTION 2

2. Ethical Caring and Professional Practice

2.1. General Care

2.1.1. Clinical counsellors maintain high standards of professionalism, competence, and ethical decision-making.

2.1.2. Clinical counsellors provide high-quality, relevant, and appropriate care to all clients which they serve.

2.2. Scope of Practice and Competence

2.2.1. Clinical counsellors take care to possess the knowledge and professional competence to serve their clients, and appropriately limit their practice to clients who are within their professional competence.

2.2.2. Clinical counsellors acknowledge the necessity and purpose of regular continuing education and professional development training to improve their clinical skills and competence to better serve their clients.
2.2.3. Clinical counsellors seek supervision and/or make a referral when the client needs are beyond their level of competence.

2.3. Minimize Harm, Maximize Benefit
2.3.1. Clinical counsellors adhere to the philosophy of “First, do no harm” (Hippocrates).
2.3.2. Clinical counsellors maximize benefit to the clients they serve. It is not enough to minimize harm; clinical counsellors must also maximize benefit for the client.
   2.3.2.1. If a clinical counsellor cannot be of benefit to the client, they discuss this with the client and make a referral or provide alternatives at the client’s request.
2.3.3. Prior to beginning therapy, clinical counsellors discuss the potential risks and benefits with the client of taking part in psychotherapy.

2.4. Dual and Multiple Relationships
2.4.1. Clinical counsellors make every effort to avoid dual relationships, which could impair their professional judgement and increase the risk of harm to their client(s). When a dual relationship cannot be avoided, clinical counsellors must take the appropriate action(s) to ensure their professional judgement is not impaired and the client is not exploited.
   2.4.2. See Standards of Practice 13.1 - Dual Relationships for additional explanation.

2.5. Promote Positive Therapeutic Alliance
2.5.1. Clinical counsellors work to provide a positive, therapeutic, working relationship with their clients, where together they work towards goals which promote the clients’ best wellbeing and health.
2.5.2. Clinical counsellors take steps to reduce potential harm, and correct harm they may have caused unintentionally.
2.5.3. Clinical counsellors work to correct unintended harm that they may have caused a client during the course of therapy.

2.6. Supervision and Consultation
2.6.1. Clinical counsellors regularly seek supervision throughout their career to enhance reflective practice, and counselling theory integration
   2.6.2. Supervision is particularly relevant when the clinical counsellor encounters ethical dilemmas and when they are expanding their scope of practice.

SECTION 3

3. Professional Standards and Representation

3.1. Professional Qualifications
3.1.1. Clinical counsellors do not make false/incomplete claims regarding their training, professional qualifications, academic achievements, professional conduct, regulatory body, or scope of practice.
3.1.2. Clinical counsellors provide accurate and honest representation of their professional qualifications and academic achievements.
3.1.3. Clinical counsellors provide a clear distinction between academic achievements and degrees/diplomas earned, and professional qualifications which have been obtained and/or earned.
3.2. **Representation as a clinical counsellor**

3.2.1. Clinical counsellors acknowledge their role as a representative of a profession and as a member of the Canadian Professional Counsellors Association.

3.2.2. Clinical counsellors conduct their behavior in such a way which protects their professional reputation, the reputation of the Canadian Professional Counsellors Association, and the science of counselling and psychotherapy.

3.2.3. Clinical counsellors who have more than one profession (e.g. nursing, yoga, doula, reiki, financier, etc.) ensure boundaries of practice are maintained between their counselling profession and additional profession(s).

3.3. **Remain Objective Regardless of Personal Circumstances**

3.3.1. Clinical counsellors acknowledge the impact of their personal experiences, values, and circumstances on their professional activities and take action to mitigate these circumstances.

3.3.2. Clinical counsellors communicate information accurately, objectively, and without bias or personal values which may influence their communication.

3.4. **Duty to Warn, Duty to Protect**

3.4.1. When clinical counsellors have informed concern of an individual’s intent or potential to cause clear and imminent life-threatening danger, they take reasonable steps to alert the affected individual(s) of the potential danger(s).

3.4.2. Clinical counsellors may take the necessary steps to inform authorities (e.g., contacting law enforcement and request intervention) to take action when there is reasonable suspicion of intent or potential to cause harm to themselves or to other(s).

3.5. **Avoid Sexual Misconduct**

3.5.1. Clinical counsellors do not engage in sexual relationships with current or former clients, regardless of the duration of therapy or time elapsed since professional services ceased.

3.5.2. A clinical counsellor shall not enter into any form of romantic relationship with a client regardless of the number or duration of sessions. A clinical counsellor shall not have any sexual contact with a client including sexual language with the intention to have intercourse, sexual contact, or engage in the exchanging of pictures or videos.

3.5.3. Clinical counsellors do not engage in sexual harassment, solicitation, advances, or verbal and/or nonverbal conduct that is sexual in nature, with clients or co-workers.

3.6. **Using Client Information in Teaching, Research, or Case Examples**

3.6.1. When a clinical counsellor uses a client’s experience in teaching, research, or as a case example, the clinical counsellor must sufficiently disguise specific information from the scenario to prevent the client from being identified.

3.6.2. In situations where multiple client experiences are combined into a case scenario/case vignette, where the clients involved can no longer be identified due to the combination of case examples, consent is not required from the clients.

3.6.3. When using a client’s experience or information in teaching, research, or as a case example (e.g., life experiences, assessment results, forensic testimony), the clinical counsellor must obtain consent from the client to use their information, and take
appropriate action(s) to anonymize the client’s information to not reveal the client’s identity to the audience.

3.7. **Using Technologies and Published Information**
   3.7.1. Clinical counsellors do not exploit their clients through testimonials, even if the client volunteers it.
   3.7.2. Clinical counsellors do not use clients’ testimonials for their own benefit.

3.8. **Protecting Client Information and Record Keeping**
   3.8.1. Clinical counsellors keep appropriate psychotherapy records, including contact information for the client(s), all session notes, and records of all communication with the client.
     3.8.1.1. Clinical counsellors must consult record-keeping laws in their province or territory for the length of time records must be kept.
     3.8.1.2. Clinical counsellors are recommended to keep all documentation relevant to a client for 7 (seven) years from the last appointment, or 7 (seven) years after the client reaches the age of majority in the province or territory, whichever is longer.

3.9. **Storing Client Information in Electronic Format**
   3.9.1. Clinical counsellors are recommended, when storing client information electronically, to store all information and records on Canadian servers to be in line with PIPEDA.
   3.9.2. See Standards of Practice 1.11 - Confidentiality of Records

3.10. **Professional Will for Client Files**
   3.10.1. Clinical counsellors are responsible to arrange an agreement with a qualified practitioner to serve as executor who will be solely responsible to fulfil any ethical obligations (including management of client records) in the event of the clinical counsellor’s death or incapacitation.

3.11. **Third Party Reporting and Referrals**
   3.11.1. Clinical counsellors respect the limits and expectations of privacy and confidentiality when working with third parties and/or agencies. Clinical counsellors are responsible to maintain confidentiality and discuss any release of information with the client(s) prior to release.

3.12. **Ethical Responsibilities in Other Roles**
   3.12.1. It is the clinical counsellors responsibility to follow all guidelines stated in the Canadian Professional Counsellors Association Code of Ethics when in various roles such as an educator or public speaker. See standards of Practice for further details.

SECTION 4

4. **Assessment Procedures**
   4.1. **Intake Assessment**
     4.1.1. Clinical counsellors make every effort when appropriate (e.g., except when the client is in crisis) to complete a comprehensive standard intake assessment at the beginning of the counselling relationship.
4.2. **Appropriate Use of Assessment Tools**
   4.2.1. Clinical counsellors must only use assessments in the manner for which they were intended.
   4.2.2. Clinical counsellors only use assessments for which they have received adequate training.

4.3. **Basis for Assessment**
   4.3.1. Clinical counsellors must provide explanation(s) to clients and obtain informed consent prior to conducting any diagnostic assessment.
   4.3.2. Informed consent must include: overview of the assessment process, basis for completing the assessment, the nature of the assessment, purpose(s) of the assessment, and specific use(s) of the assessment results.

4.4. **Recipients of Assessment Results**
   4.4.1. Clinical counsellors must not release raw assessment scores.
   4.4.2. Clinical counsellors must not release assessment results to any person who is unqualified to adequately interpret assessment results. If a client requests assessment results, the clinical counsellor should provide interpretation of the assessment results prior to release.
   4.4.3. Clinical counsellors must ensure that accurate and appropriate interpretations accompany any release of assessments and assessment Information.

4.5. **Assessment Security and Privacy**
   4.5.1. Clinical counsellors must protect the integrity and security of all assessment materials by keeping them in a secure location.
   4.5.2. Clinical counsellors must not provide assessment materials to clients.
   4.5.3. Clinical counsellors must not share assessment materials with unqualified individuals or the general public, including photocopies or sharing on the internet.
   4.5.4. Clinical counsellors must review and follow the copyright and permissions of each assessment material they use.
     4.5.4.1. Assessment materials found online may not have been shared appropriately. Clinical counsellors are recommended to seek the publisher’s permissions and limits of use for any assessment materials.

4.6. **Candidate Use of Assessmenting Materials and Techniques**
   4.6.1. Clinical supervisors must not permit the use of assessment materials and/or techniques by unqualified persons under their Supervision.

5. **Clinical Supervision**
   5.1. **Boundaries of Competence in Supervision**
     5.1.1. Clinical supervisors work within their scope of practice when working with candidate members. When a candidate encounters an issue which is beyond both their scope of practice and that of the clinical supervisor, the clinical supervisor must refer the candidate for additional supervision, and develop their own competence in the area(s).
5.2. Relational Boundaries between Supervisor and Supervisee

5.2.1. Qualified Clinical Supervisors (QCS) who offer supervision are dedicated to having clear, well maintained, and appropriate relationship boundaries with their supervisee(s). They recognize their inherent power associated with the role as a QCS regardless of supervisees’ developmental status (e.g., Student, RPC-C, RPC, etc).

5.2.2. Qualified Clinical Supervisors commit to establishing a supervisory climate and culture that is emotionally safe, trusting, honest, and respectful.

5.2.3. Dual or multiple relationships with supervisees must be addressed with care and caution to ensure against any potential for impaired objectivity or exploitation.

SECTION 6

6. Professional Responsibility to The Public and Other Professionals

6.1. Address Concerns Regarding Ethical Conduct of Other Professionals

6.1.1. When clinical counsellors believe that there may have been an ethical violation by another clinical counsellor, they bring it to the attention of that individual and discuss the issue with the person before turning to a more formal resolution.

6.1.2. When it is not appropriate to address the concern(s) with the individual for legal or ethical reasons, or their attempt has not been successful, the clinical counsellor reports their concern(s) of the unresolved matter to the appropriate regulatory/professional body.

6.2. Avoid Unwarranted Complaints

6.2.1. Clinical counsellors avoid making false and/or unsubstantiated claims against another professional with the intent of damaging the professional’s practice, career, and/or reputation.

6.3. Cooperating with Complaints and Discipline Committees

6.3.1. Clinical counsellors who have an investigation opened against them must cooperate with the relevant Committee(s) of the Canadian Professional Counsellors Association.

6.4. Unfair Discrimination Against Complainants and Respondents

6.4.1. Clinical counsellors do not discriminate against people who are being investigated nor jeopardize their employment. However, they take the necessary steps following the conclusion of the ethical investigation according to the requirements of the verdict.

6.5. Fostering Positive Perceptions of Counselling and Psychotherapy

6.5.1. Clinical counsellors aid in improving the perception of counselling and psychotherapy by providing accurate, objective information about the service and working to their extent to correct misconceptions about counselling and psychotherapy to clients and the general public.

SECTION 7

7. Research, Published Media, and Social Media

7.1. Social Media

7.1.1. Clinical counsellors shall not add a client to any personal form(s) of social media. (See Standards of Practice 6 - Research, Published Media, and Social Media)
References


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- The Canadian Counselling and Psychotherapy Association

Reference for this Code of Ethics